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CONFIRMATION NO. 7538

SERIAL NUMBER 09/890,227	FILING DATE 11/14/2001 RULE	CLASS 381	GROUP ART UNIT 2644	ATTORNEY DOCKET NO. HHI-033US
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APPLICANTS

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**** CONTINUING DATA *******

THIS APPLICATION IS A 371 OF PCT/DE00/00191 01/21/2000

**** FOREIGN APPLICATIONS *******

GERMANY 199 03 090.1 01/27/1999
GERMANY 299 10 318.8 06/14/1999

**** SMALL ENTITY ****

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

Auditory treatment device

FILING FEE RECEIVED 625	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit